

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578279

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
9	1		1			
10				1		
11	1		1			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	9	←	9	←		←
TOTAL CLAIMS	11		11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						